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Bib Data Sheet

**CONFIRMATION NO. 8748**

|                             |                                       |              |                        |                        |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|
| SERIAL NUMBER<br>10/620,212 | FILING DATE<br>07/15/2003<br><br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3763 | ATTORNEY<br>DOCKET NO. |
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**APPLICANTS**

Thomas L. Merrill, E. Windsor, NJ;

Derk Krieger, Shaker Hights, OH;  
Brack Hattler, Pittsburgh, PA;**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/395,842 07/15/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*****\*\* 10/10/2003**

|   |   |                           |                         |                       |                            |
|---|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>15 | TOTAL<br>CLAIMS<br>13 | INDEPENDENT<br>CLAIMS<br>2 |
| Verified and<br>Acknowledged                                | Examiner's Signature _____<br>Initials _____  |                           |                         |                       |                            |

**ADDRESS**Thomas L. Merrill  
25 Lynnfield Dr.  
E. Windsor, NJ  
08520**TITLE**

Active mixing exchange catheter and method

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>375 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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